

A diploma in venereology

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Great Britain is probably the only major country in the world where venereology is recognized and practised as a distinct and separate specialty. Yet this was not always the case. When Sir Jonathan Hutchinson, whose triad of Hutchinson's teeth, interstitial keratitis, and 8th nerve deafness is indelibly imprinted in the world literature, was appointed venereologist to the London Lock Hospital a century ago, he also held appointments of dermatologist to another hospital, and ophthalmologist to yet another, to say nothing of being physician to the City of London Chest Hospital and general surgeon to the London and Metropolitan Hospitals.

Venereology as a specialty in its own right was a much later development and occurred only in the present century. The starting point was the report of the Royal Commission in 1916 which recommended the establishment of a nationwide network of local authority clinics for the free treatment of venereal disease. The appointment of full-time physicians to take charge of the larger clinics in the 1920s meant that for the first time a doctor who wished to specialize in venereology could earn a living without the need to combine his work with some other specialty such as dermatology. The same decade also witnessed the foundation of the Medical Society for the Study of Venereal Diseases and the *British Journal of Venereal Diseases*.

It was, however, the establishment of the National Health Service in 1948 that resulted in the complete emancipation of venereology and its final divorce from any other specialty. From the beginning venereology was recognized as a separate discipline and venereologists were accorded the same rights, responsibilities, and privileges as consultants in other branches of medicine, and equally (if not more) important the same salary scale.

In the 1920s most of those appointed to work in the new clinics had gained experience in venereology in the Armed Services during the first world war. By the end of the decade this source of supply began to dry up and there was a growing shortage of doctors with experience in venereology to staff the two hundred or so clinics throughout the country. In an attempt to remedy this situation and to improve standards, an Act of 1930 made some provision for

the training of venereologists, whereby doctors who had received a minimum of 130 hours' instruction at a recognized clinic could be granted a certificate of proficiency. In the 1930s many local authorities insisted on the possession of such a certificate as a condition of appointment.

With the establishment of the National Health Service the clinics ceased to be the responsibility of the local authority and the certificate lost its *raison d'être*, but there was still a steady demand for certificates from overseas graduates. Liverpool was one of the few centres continuing to provide any form of postgraduate training in venereology, and the University of Liverpool continued to grant certificates in venereology up to 1967.

This then was the position 2 years ago, when it was decided to approach the Faculty of Medicine of the University of Liverpool with a proposal for an intensive full-time course leading to a Diploma in Venereology. Liverpool is a great port with an abundance of clinical material and a long tradition of postgraduate teaching. The importance of postgraduate training, the attraction of a Diploma, and the absence of anything comparable elsewhere, were all put forward to the Medical Faculty, and although objections and opposition were expected, the proposals were enthusiastically received by both the Faculty of Medicine and the Senate. In 1967 the University of Liverpool became the first University in Great Britain and, we believe, in Europe, to offer a Course and to award a Diploma in Venereology.

Two full-time courses lasting for 3 months are held each year commencing in January and April, examinations being held in March and June. The regulations provide that, before admission to the Diploma examination, candidates shall be required to attend approved courses of instruction in the University in the following subjects: Anatomy and Physiology; Pathology; Bacteriology; Serology; Clinical Venereology; Pharmacology and Therapeutics; Vital Statistics and Epidemiology.

The course is limited to a maximum of sixteen students, and for purposes of clinical instruction they are divided into four groups which rotate every 3 weeks. Each day the students attend in groups of three or four for clinical instruction, and they also

are given the opportunity to gain experience in the simpler laboratory techniques, such as the staining and examination of smears for gonococci and dark-ground examination for *Treponema pallidum*. As their experience increases they are encouraged to examine and write up cases themselves under the supervision of the consultant in charge. From time to time patients showing features of special interest are asked to attend for demonstration and discussion. Twenty beds are available and regular ward rounds are conducted by the consultants in charge.

Systematic instruction in the principles and practice of venereology is imparted by a series of twice weekly lectures throughout the 12 weeks' course. An extensive collection of colour transparencies is available to illustrate these lectures.

Instruction is not limited to clinical and systematic venereology. The students are constantly reminded of the relationship between venereology and other branches of medicine, and in the earlier part of the course they attend lectures on anatomy and physiology, bacteriology, serology, pathology, and pharmacology, which are tailored to their requirements and delivered by members of the appropriate departments. During the same period groups of students visit the laboratories for lecture demonstrations in both bacteriology and serology. Later in the course the students attend lectures on those clinical subjects most closely related to venereology—dermatology, gynaecology, ophthalmology, and cardiology. Clinical instruction in both dermatology and gynaecology is also given in the hospital out-patient departments.

Instruction continues without a break for 12 weeks and the examination, which takes place in the final week of the course, consists of two 3-hour papers followed later in the week by a *viva voce* examination. Each paper consists of five questions all of which have to be answered by the candidate. The pass mark is 50 per cent.: there are no grades. The first paper is devoted to clinical and systematic venereology, and the second, generally regarded by the students as the more difficult, is more theoretical and is designed to test background knowledge of such subjects as anatomy, pathology, bacteriology, serology, and pharmacology. Specimen papers are appended.

The oral examination is conducted by three examiners from the University of Liverpool, and one from another University. Each candidate spends 10 minutes with each of two pairs of examiners. There is no "clinical" examination, but candidates may be shown pathological specimens, x-rays, and microscopic specimens, which they will be asked to identify and discuss. The examiners mark independently before meeting after the examination to discuss the

final pass list. Successful candidates are entitled to use the qualification Dip. Ven.

The failure rate has varied between 10 and 30 per cent. Candidates who fail the examination may sit again on payment of the appropriate fee without attending further lectures.

Judged by the first 2 years' experience, the courses can be regarded as extremely successful, and those to be held in 1970 are fully booked. Students have come from many parts of the world, including India, Iraq, Jordan, Kenya, Libya, Nigeria, Pakistan, Singapore, and Thailand, as well as from Germany and the United Kingdom. Candidates need not have had previous experience in venereology but a working knowledge of English is essential.

It is not claimed that the course turns a tyro into a consultant venereologist in 3 months, but it provides a sound basic training in the specialty of a kind not previously attempted. Those who receive their "bit of paper" after their 3 months' hard labour have earned it, but there is no substitute for experience.

THE UNIVERSITY OF LIVERPOOL

Diploma in Venereology

PAPER I

March 1969 : THREE hours

Answer all questions

1. Discuss the differential diagnosis of ulceration of the penis.
2. How would you investigate a complaint of vaginal discharge in a young married woman?
3. Describe the clinical features of Gonococcal Proctitis. Discuss its diagnosis and treatment.
4. Write notes on the following:
 - (a) Charcot joints
 - (b) Gonococcal ophthalmia
 - (c) Pediculosis pubis
 - (d) The treatment of vulval warts.
5. Describe the clinical features of Lymphogranuloma Venereum in the male. Discuss briefly both diagnosis and treatment.

PAPER II

March 1969 : THREE hours

Answer all questions

1. Describe the pathological changes which occur in the brain and its coverings in Dementia Paralytica (G.P.I.). What changes may be found in the C.S.F. in this condition?
2. Describe the lymphatic drainage of the external genitalia in the female, and its relationship to the clinical manifestations of venereal disease.
3. Discuss the cultural requirements of *N. gonorrhoeae* and how it may be differentiated from other *Neisseria*.
4. Discuss the role of the corticosteroids in venereology. What side effects may follow their prolonged use?
5. Define (a) sensitivity; (b) specificity, as applied to serum tests for syphilis. What advantages are claimed for the FTA-ABS compared with the T.P.I. test.